

# Washington Metropolitan Area Transit Commission

## 2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.

### 1. CARRIER INFORMATION:

697	Amna O. Abugusseisa, t/a AB & B Trans			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
8159 Gilroy Drive		Lorton	VA	22079-2939
*Street Address of Principal Place of Business	Apt./Suite	City	State	Zip
Mailing Address (if different from street address)				
(202) 437-3331	(703) 623-1919	(703) 820-5051	abandbtransportation@hotmail.com	
*Telephone	Other Telephone	Fax	E-mail	

### 2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
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### 3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Omar B. Amir	Manager		
*Name		*Title	
(703) 623-1919	(703) 820-5051	(703) 820-5051	shabour@yahoo.com
*Telephone	Other Telephone	Fax	E-mail

### 4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

\*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see [www.wmatc.gov](http://www.wmatc.gov).

Name of Registered Agent for Service of Process	Telephone	E-mail		
Agent Address (must be inside Metropolitan District)				
Apt./Suite	City	State	Zip	

5. **\*CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

N/A

6. **\*LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
✓	2003	FORD	1FBSS31L13HA21267	WVE2455	VA	15	NO
✓	2003	FORD	1FBSS31L13HA79671	XEY1525	VA	15	NO
✓	2003	FORD	1FBSS31L63HA85370	XAG3255	VA	15	NO
✓	2003	FORD	1FBSS31L23HA76830	WYH4683	VA	15	NO
✓	2007	FORD	1FBSS31L27DB34853	WXD2917	VA	15	NO
	2007	FORD	1FBSS31LX7DA97440	WWE9221	VA	15	NO

7. **\*CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

Alex P. Oniama

\*Name (type or print)

Manager

\*Title (not required for sole proprietors)

  
\*Signature

1/4/2013  
\*Date